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### Notice of Independent Review Decision

**Date notice sent to all parties:** 04/29/15

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar MRI without contrast

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified in Orthopedic Surgery  
Fellowship Trained in Spinal Surgery

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Lumbar MRI without contrast - Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient presented to the emergency room on xx/x/xx and was evaluated. He noted he had lower back pain between the hips that began one week prior. He reported raking leaves earlier, but reported pain while at work. His pain flared-up the night before. He had the onset of a gait problem that day. He had tenderness

to the bilateral quadratus lumborum with right sided spasms. He also had tenderness of the right SI joint. SLR testing was negative and there was no evidence of clonus. DTRs were 2/4 at the patella. The differential diagnoses were muscle spasm, back strain, and back sprain. He received a Toradol injection and Valium and he discharged with Ibuprofen and Skelaxin. examined the patient on 12/22/14. He noted he had lower back and right hip pain after loading a skid that weighed 85-100 pounds at work. He had no pain unless he moved weight. He was 71 inches tall and weighed 207 pounds. He had a normal gait and posture. He had tenderness of the lumbar vertebra and paraspinal muscle spasms. Neurological examination was normal. The assessments were right sciatic nerve pain, lower back pain, right hip pain, and a lumbosacral strain. A left lumbar trigger point injection was performed and he was referred. A neuropathy compound cream was also recommended. A urine drug screen collected on 01/05/15 revealed that Hydrocodone was below the reporting limit, as was Hydromorphone. THC was also present. On 01/19/15, reevaluated the patient. He had pain rated at 3/10 and he was starting therapy on 01/21/15. His examination was unchanged. Psychological testing was recommended and Ibuprofen was prescribed. On 02/09/15, reevaluated the patient in therapy. He had normal sensation of the bilateral lower extremities and his DTRs were also normal. Lumbar flexion was 55 degrees, extension was 23 degrees, left lateral flexion was 20 degrees, and right lateral flexion was 22 degrees. Muscle strength was 5/5 bilaterally. He would complete his last four sessions and then would be referred for an FCE. On 02/17/15, noted the patient was doing well with therapy, but had some "pinching" in the lower back. His examination was again unchanged. Ibuprofen and Metaxalone were continued. Genetic testing was recommended. The genetic report with a collection date of 02/17/15 revealed he had a normal response to Hydrocodone and Metaxalone. He was noted to have an insufficient response to Omeprazole. An FCE was obtained on 02/20/15 by . His previous employment required the medium PDL. The lower extremity DTRs were 2+ bilaterally. Lumbar flexion was 80 degrees and extension was 24 degrees. He was able to complete all testing and was felt to have given maximum consistent effort. He was performing at the medium PDL, but additional rehabilitation was recommended to address his remaining deficits of decreased range of motion and strength of the lumbar spine and lower extremities. On 03/03/15, the patient returned to . Again, his examination was unchanged. A trial of regular duty was recommended. On 03/09/15, the patient informed he went back to work on 03/04/15 and by 03/07/15, his pain seemed to be more left sided now and he noted he was shifting his weight to the left. He was utilizing Hydrocodone/APAP, Ibuprofen, and Metaxalone. The "other problems" section listed genetic testing of mother, admission for long term opiate use, THC use disorder, mild, abuse, and work related injury. Neurological examination was normal. He had paraspinal spasm and tenderness over the lumbar vertebra and SI region. The assessments were now intervertebral disc disorder of lumbar region without myelopathy, lower back pain, right sciatic nerve pain, and

lumbosacral strain. A lumbar MRI was recommended and another trigger point injection was done. On 03/10/15, provided a precertification request for a lumbar MRI without contrast. reevaluated the patient in therapy on 03/11/15 and another six sessions were requested. On 03/13/15, requested the lumbar MRI without contrast. On 03/16/15, on behalf of, provided an adverse determination for the requested lumbar MRI without contrast. addressed a reconsideration on 03/20/15. On 03/23/15, the patient's pain was 3/10 when he returned. His examination was again unchanged. Medication management for substance abuse was recommended and Lyrica was prescribed. A urine drug screen on 03/23/15 was negative for all drugs tested, including Hydrocodone. On 04/01/15, also on behalf of, provided another adverse determination for the requested lumbar MRI without contrast. noted on 04/06/15 that the MRI was denied and the carrier would not pay for Lyrica. He had difficulty walking. DTRs were 2+ in the left knee and ankle, but 1+ in the right knee and 0 in the right ankle. He was able to toe and heel walk and his gait was normal. Range of motion was painful and he had spasm and tenderness. Ibuprofen and Hydrocodone/APAP were refilled. noted the patient was having radicular pain on the right more than the left. The MRI was again recommended. He was continued on modified duty through 04/30/15.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

According to the ODG, Low Back Chapter - Lumbar & Thoracic, MRIs are the test of choice for patients with lumbar spine trauma and neurological deficit, uncomplicated low back pain with prior lumbar surgery, cauda equine syndrome, or with radiculopathy after at least one month of conservative therapy, sooner if severe or progressive neurological deficit were present. The ODG also lists myelopathy as an indication for lumbar MRIs.

The requested lumbar MRI is not in accordance with the criteria of the ODG. The patient does not have any abnormal examination findings, such as weakness, numbness, sensory changes, or reflex changes. His neurological examinations have been essentially normal. The patient does not complain of radicular type pain complaints nor does he have any objective documentation of any radiculopathy. There is also no myelopathy documented. It does not appear he is a surgical candidate nor is surgery being contemplated, so it is unlikely that

any useful medical information would be obtained from an MRI that would help adjudicate the claim or direct his medical treatment. Therefore, according to the criteria of the ODG and common medical practice, the requested lumbar MRI without contrast is neither reasonable nor necessary and the previous adverse determinations should be upheld at this time.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

- ☐ INTERQUAL CRITERIA

- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

- ☐ MILLIMAN CARE GUIDELINES

- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

- ☐ TEXAS TACADA GUIDELINES

- ☐ TMF SCREENING CRITERIA MANUAL

- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)